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**MULTIPLE IDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)**

SERIAL NO. 09 867165 FILING DATE _____
 APPLICANT _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4	1						54						
5		2					55						
6			1				56						
7				1			57						
8				1			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14				1			64						
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17				1			67						
18				1			68						
19				1			69						
20				1			70						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		3				TOTAL IND.						
TOTAL DEP.	5		17				TOTAL DEP.						
TOTAL CLAIMS	7		20				TOTAL CLAIMS						

PTO-1380 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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